

Portland VA Medical Center



**Request To Enroll
In The My HealthVet (Pilot)* Program**

My HealthVet is a new, online environment where veterans, family and clinicians may come together to optimize veterans' health care.

**A veteran must submit this application and attend a class to enroll in this program.
Class Requested:**

_____Monday 11am-12pm_____Thursday 1pm-2pm _____Friday 9am-10am

***This pilot program is being used to develop the national My HealthVet project and is currently available only to veterans whose records are at the Portland VA Medical Center.**

PATIENT NAME: _____

SSN: _____

DATE OF REQUEST: _____

PHONE NUMBER: (So that we can call and schedule you for class)

WORK: _____

HOME: _____

CELL: _____

**This form may be faxed, or mailed. Additional copies can be downloaded from
www.va.gov/portland/myhealthvet**

Fax completed form to: 503-721-7940

**Or mail to: Portland VA Medical Center
PO Box 1034
Portland, Oregon 97207
Attention: P6-MHV**